

MOBILITY RESOURCES INVENTORY SURVEY

Please return this postage-paid survey as soon as possible.

AGENCY INFORMATION

1. **Organization Name:** _____

2. **Contact Information:**

First Name: _____

Last Name: _____

Title: _____

Telephone: _____

TDD: _____

E-mail Address: _____

Mailing Address: _____

City _____ State _____ Zip _____

Website/URL: _____

3. **Brief description of your agency (one paragraph):**

4. **Your organization is (check only one):**

₁ Private for-profit ₃ Public

₂ Private non-profit ₄ Other: _____

5. **Which of the following populations does your agency serve? (Check all that apply)**

₁ People with Disabilities-ADA ₅ Veterans

₂ General Public ₆ Youth

₃ Seniors ₇ Other (please specify): _____

₄ Low-Income _____

6a. **Does your agency provide or arrange for transportation services?**

₁ Yes (please go to question #7)

₂ No (please give reason and return survey as is)

6b. **Reason:** _____

TRANSPORTATION SERVICES

7. **What transportation services does your agency provide? (e.g. medical shuttle, paratransit, discounted senior taxi trips, etc.)**

8. **How does your agency provide transportation? (Check all that apply)**

₁ Directly

₂ Contract with another organization/company for transportation services (vehicles and/or drivers)

Organization name: _____

₃ Provide transportation for other agencies

Names of agencies: _____

₄ Provide transit tickets or passes to clientele

₅ Provide taxi scrip/van vouchers to clientele

₆ Provide transportation services by volunteers with privately owned vehicles

₇ Other (please specify): _____

9a. **Are there any eligibility requirements to receive your transportation services?**

₁ Yes ₂ No (Please go to question #10)

9b. **If yes, please check all that apply:**

_a Agency member or program participant

_b Age (please specify eligible range): _____

_c Medical reason

_d ADA eligibility

_e Other disability or type of disability

_f Income level

_g Place of residence: _____

_h Other: _____

10. **Does your agency charge a fare for any of its transportation services?**

₁ Yes ₂ No

11a. **Your primary geographical area of service is (check only one):**

₁ Within a single city

₂ Two or more cities but not county-wide

₃ County-wide

₄ Two or more counties

11b. **What city(ies) or county(ies) do you serve?**

12. **What types of trips do you provide service for? (Check all that apply.)**

₁ Dialysis

₆ Social/recreational/personal

₂ Adult day health care

₇ Meals/nutrition

₃ Other health/medical

₈ All trips (no restrictions)

₄ Work

₉ Other (please specify): _____

₅ Education or training

13a. **Who uses your transportation program? (Check all that apply and estimate the percent of trips provided to each group – may add to more than 100%)**

₁ General public _____%

₄ ADA eligible _____%

₂ Low income _____%

₅ Physically disabled _____%

₃ Senior citizens _____%

₆ Mentally/developmentally disabled _____%

₇ Other (please specify): _____

13b. **What percent of trips are taken by wheelchair users? _____%**

14. **What is the average total number of persons (unduplicated) receiving transportation services each month?** _____

15. **How many one-way trips do you provide on average each month (count each roundtrip as two one-way trips)?** _____

DRIVERS

If you do not manage drivers, please skip to Question #18.

16. **For the transportation services you provide or contract for, how many drivers are used (excluding taxi drivers)?**

a. Full-time paid _____ b. Part-time paid _____ c. Volunteer _____

17a. **Do the drivers receive any specialized training?**

₁ Yes ₂ No

17b. If you answered "Yes" to 17a, please check all that apply:

- ₁ First aid/CPR
- ₂ Sensitivity/cultural diversity/disability awareness
- ₃ Passenger assistance techniques
- ₄ Defensive driving
- ₅ Other (please specify): _____

17c. If you answered "Yes" to 17a, how is this training provided?

- ₁ Train drivers "in-house"
- ₂ Contract with another organization to train drivers
- ₃ Other (please specify): _____

VEHICLES

If you do not manage vehicles, please skip to Question #21.

18. Please provide details on your vehicle fleet inventory:

Publicly Owned

Privately Owned

- | | |
|-----------------------------------|-----------------------------------|
| Total # of Vehicles: _____ | Total # of Vehicles: _____ |
| Of these: | Of these: |
| # of Buses: _____ | # of Buses: _____ |
| # of Vans: _____ | # of Vans: _____ |
| # of Sedans: _____ | # of Sedans: _____ |
| # Lift or Ramp
Equipped: _____ | # Lift or Ramp
Equipped: _____ |

19. How do you provide maintenance for your vehicles?

- ₁ Maintain vehicles "in-house"
- ₂ Contract with another organization to maintain vehicles
- ₃ Other (please specify): _____

20a. Do you have business auto liability insurance?

- ₁ Yes ₂ No

20b. If you answered "Yes" to 21a, are you buying it through a pool or through your own broker/insurance carrier?

- ₁ Pool
- ₂ Own Broker/Carrier
- ₃ Other (please specify): _____

MANAGEMENT/BUDGET

21. How many people are involved in managing your agency's transportation services:

Full-time paid _____ Part-time paid _____ Volunteer _____

22. Does your agency have an annual transportation budget of over \$100,000?

- ₁ Yes ₂ No

23. Please estimate your fiscal year 2011-12 (or most recent year for which figures/estimates are available) transportation expenditures for the following categories:

a. **Operating costs** (driver/dispatcher wages, fuel and oil, tires, driver training, vehicle and employee insurance, maintenance, etc.)

Amount _____

b. **Capital costs** (purchase price of new or used vehicles, local match amount for vehicle purchases, cost for purchase of maintenance, storage or office facility, etc.)

Amount _____

c. **Administrative costs** (administrator, manager, secretary, and bookkeeper salaries, office material, and supplies, telephone, office rental, office equipment and rental, etc.)

Amount _____

Thank you for your participation!

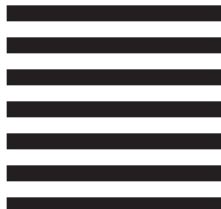
No envelope or postage is required to return. Just fold survey and tape where marked.

Please fold carefully on dotted lines. USPS will not accept letter if barcode is not on edge of fold!

RETURN ADDRESS - Please Print Clearly



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NECESSARY IF
MAILED IN THE
UNITED STATES



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